



# WITNESS FEE REIMBURSEMENT REQUEST

OFFICE OF ATTORNEY GENERAL

SFN 52850 (Rev. 08-2005)

Name of Witness:			
Address: (Street)		City:	State: Zip Code:
Witness Fee: (\$25.00 per day)	Number of Days:	Cost: \$	County:
Mileage is reimburseable at 37.5¢ per mile within North Dakota and within a 300-mile radius of the state's borders. Outside the 300-mile radius, mileage is reimburseable at 18 ¢ per mile. Actual cost of airline, train or bus fare is reimburseable. (Copy of receipt or actual ticket required.)	Number of Miles:	\$	Case Title:
Lodging, \$50.00 plus any additional applicable state or local taxes on lodging. (Receipt must be attached.)		\$	Date Served: From: To:
<b>MEALS</b>	<b>NUMBER OF MEALS</b>		Juvenile Case Number:
Breakfast \$ 5.00		\$	
Lunch \$ 7.50		\$	Criminal Case Number:
Dinner \$12.50		\$	
Expert Witness Fee (attach Court Order **) (Only reimburseable in criminal cases.)		\$	<b>CHECK ONE BOX BELOW</b>
<b>TOTAL</b>		\$	Defense Witness Prosecution Witness

**NOTE:** Defense witness costs for juvenile cases are reimburseable. Expert witness fees for defense witnesses in juvenile cases are **NOT** reimburseable

\*\* Expert prosecution witness must testify in order to receive compensation.

## WITNESS CERTIFICATION:

I certify the above is a true and accurate record of my service as a witness and that no compensation has previously been received.

Witness Signature:	Date:
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## AUTHORIZATION:

Witness fees and expenses above are authorized to be paid to the above name witness.

Authorizing Signature:	Date:
Title:	

## OFFICE USE ONLY

DEPT ID	ACCOUNT	FUND	AMOUNT	JUVENILE	PROSECUTION
1400	621365	001			